FORM D

UNITED STATES

NOTICE OF SALE OF SECURATIES

PURSUANT TO REGULATION D

SECTION 4(6), AND/OR

SECURITIES AND EXCHANGE COMPA RECEIVED Washington, D.C. 20549

FORM D

UNIFORM LIMITED OFFERING EXEMI

OMB Number:

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May 31, 2002 (pires: Estimated average burden

hours per response..... 1 SEC USE ONLY

OMB APPROVAL

Prefix

Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing	1175799
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Activiti, Inc.	02040334
Address of Executive Offices (Number and Street, City, State, Zip Code) 650 Page Mill Road, Palo Alto, CA 94304 Attn: Jennifer A. Jones	Telephone Number (Including Area Code) (650) 493-9300 Attn: Jennifer A. Jones
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Computer software product development and related services	PROCESSED
Type of Business Organization	1110020020
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ other □ other	(please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated FINANCIAL ate:
,	<u> </u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			A	BASIC ID	ENTI	FICATION DATA				
 Each beneficial own 	ne issue ner hav cer and	er, if the issuer having the power to d director of corp	as beer vote o orate i	ssuers and of corporat	e vote	-				securities of the issuer;
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	/idual)								
Newton, John										
Business or Residence Addre	•									
55 Berkeley Street, 8th Floo	r, Lon	ıdon W1J 8BY	Engla	and						
Check Box(es) that Apply:		Promoter		Beneficial Owner	_ 	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	/idual)		•						
Powell, John										<u>-</u>
Business or Residence Addre				•						
55 Berkeley Street, 8th Floo	or, Lo		L Lingi	··· -			N 2			
Check Box(es) that Apply:		Promoter	<u> </u>	Beneficial Owner		Executive Officer	<u>⊠</u>	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Spurlock, Steven	01-		- C:-	. S						
Business or Residence Addre Suite 200, 2480 Sand Hill R	-			•						
	oau, N	Promoter	A. 940	Beneficial Owner		Executive Officer	Ø	Director		General and/or
Check Box(es) that Apply:	ш	riomoter		Belleficial Owlief	ш	Executive Officer		Director		Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Austin, Alan										
Business or Residence Addre Suite 200, 2480 Sand Hill R	-			-						
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Benchmark Europe I, L.P.										
Business or Residence Addre	ss (Nu	ımber and Stree	t, City	, State, Zip Code)						
Suite 200, 2480 Sand Hill R	oad, N	Aenlo Park, CA	A 940	25						· -
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it Accel Europe I, L.P.	f indiv	ridual)								-
Business or Residence Addre	ss (Nu	ımber and Stree	t, City	, State, Zip Code)					,	
428 University Avenue, Pal			·	• •						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	-	Director		General and/or Managing Partner
Full Name (Last name first, in	f indiv	idual)		1/					1	
Business or Residence Addre	ss (Nu	imber and Stree	t, City	, State, Zip Code)						· · · · · · · · · · · · · · · · · · ·
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				В.	INFOR	MATION A	ABOUT OF	FERING				
	_										Yes	No
1. H	as the issuer so	old, or does the	issuer intend									\boxtimes
							-	inder ULOE.				
2. W	hat is the mini	mum investmer	nt that will be	accepted fro	om any indivi	dual?						minimum_
3. D	oes the offerin	g permit joint o	wnership of a	single unit?		••••••			•••••••		Yes	No ⊠
		ation requested										
		solicitation of p of a broker or de					-					
		sons to be listed										
	aler only.								_			
	me (Last name	first, if individ	ual)									
N/A	D (d	A 4.4 OT		+ C:+- C+-+-	7:- (1-)							
N/A	is or Residence	Address (Num	iber and Suee	i, City, State	e, Zip Code)							
	f Associated E	Broker or Dealer										
N/A												
States in	n Which Perso	n Listed Has Sc	olicited or Inte	ends to Solic	it Purchasers							
(Che	ck "All States'	or check indiv	iduals States)	***************************************	***************************************	••••••	•••••				□ A1	1 States
[AI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M			[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
7										• -		
[RI]] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last name	first, if individ	ual)			-						
N/A	`	•	,			•						
Busines	s or Residence	Address (Num	ber and Stree	t, City, State	, Zip Code)							
N/A									····			
	f Associated B	roker or Dealer	•									
N/A States in	Which Person	n Listed Has So	licited or Inte	ends to Solic	it Purchasers				<u></u>			
		or check indiv									[7] A1	1 States
(Cne	ck "All States"	or check indivi	iduais States)	***************************************				***************************************			LJ AI	i States
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{IL	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M	T] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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									_			
Full Na	me (Last name	first, if individ	ual)									
N/A									***			
	s or Residence	Address (Num	ber and Stree	t, City, State	, Zip Code)							
N/A Name o	f Associated B	roker or Dealer										
N/A		TORUS OF BUILDS										
	Which Person	n Listed Has So	licited or Inte	nds to Solic	it Purchasers							
(Che	ck "All States"	or check indivi	iduals States)	••••••					••••••		☐ A1	1 States
[AI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	r] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use b	olank sheet,	or copy and u	se additiona	copies of th	is sheet, as n	ecessary)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROC	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggro Offerin		Amo	unt Already Sold
	Debt		_	\$	00
	Equity	\$6,000	0,000	\$6	,000,000
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$ 6,00	0,000	\$ <u> </u>	,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Num Inves		Doll	ggregate ar Amount Purchase
	Accredited investors		3	\$ <u>_6</u> .	000,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)	N	/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering	Typ Secu		Doll	ar Amount Sold
	Rule 505		_	\$	N/A_
	Regulation A	N	'A	\$	N/A
	Rule 504	N	 'A:	\$	N/A
	Total	N	'A	\$ <u>-</u>	N/A_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		\boxtimes	\$	75,000
	Accounting Fees		. 🗆	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		\boxtimes	\$	75,000

	Č.	OFFERING PR	CICE, NUMBER OF I	NVESTORS, EXPEN	ISES AND U	JSE OF P	ROCEEDS			
	b. Enter the difference between total expenses furnished in proceeds to the issuer."	response to Part C -	Question 4.a. This diff	erence is the "adjusted	gross			\$ <u>5,92</u>	5,000	
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.									
						Officers,	ments to Directors & filiates	-	ents To hers	
	Salaries and fees			•••••••••••••••••••••••••••••••••••••••		□ \$	0	\$	0	
	Purchase of real estate					□ \$	0	\$	0	
	Purchase, rental or leasing	and installation of m	achinery and equipmen	t		□ \$	0	\$	0	
	Construction or leasing of j	plant buildings and f	acilities			□ \$	0	\$	0	
	Acquisition of other busine used in exchange for the as					□ \$	0	□ \$	0	
	Repayment of indebtedness					□ \$	0	\$	0	
	Working capital				, 	□ \$	0	⋈ \$ <u>5,92</u>	25,000	
	Other (specify):					□ \$	0	\$	0	
	Column Totals					s	0	⋈ \$ 5,92	25,000	
	Total Payments Listed	l (column totals adde	ed)				⊠ \$ 5,92	5,000		
			D. FED	ERAL SIGNATURE			1	Section National Section	***	
und	issuer has duly caused this not ertaking by the issuer to furnisi redited investor pursuant to par	h the U.S. Securities a	and Exchange Commission							
	er (Print or Type)		Signature	5/11/1	Dat					
	iviti, Inc. ne of Signer (Print or Type)	Title of Signer (Print	or Type)	Jun	e 4, 2002				
	n E. Newton		President							
			АТТ	ENTION						
_			missions of Fact Cons		132.1					